



Prescription Drug List

2010 State Health Benefit Plan Prescription Drug List
Reference Guide for High Deductible Health Plan

2010 State Health Benefit Plan

Prescription Drug List for High Deductible Health Plan

Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

1. Help you understand your medication benefit choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting myuhc.com or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit www.welcometouhc.com/shbp for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. **You and your doctor should decide which medication is appropriate for you.**

Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be right for your treatment.

Note: Compounded medications are medications with one or more ingredients that are prepared “on-site” by a pharmacist. These are classified at the Tier 3 level.

Please note: Refer to your enrollment materials, check the Drug Pricing/Coverage information on www.welcometouhc.com/shbp or log on myuhc.com[®], or call the toll-free Customer Care phone number on the back of your ID card for more information about your benefit plan or to inquire about additional medications that are not listed on the PDL.

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Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall health care value of the medication to ensure an unbiased approach. Committee members are various health care professionals including physicians and pharmacists with a broad range of specialties.

The two main committees are:

Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for health plans.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

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How often will prescription medications change tiers?

Medications may change tiers once per calendar year (January 1). Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand-name medication will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. **For the most current information on your pharmacy coverage, please call the toll-free Customer Care phone number on the back of your ID card or visit www.welcometouhc.com/shbp or log on myuhc.com.**

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients as brand-name medications, but they often cost less. Generic medications become available after the patent on the brand-name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand-name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you since generic medications are your lowest-cost option. Call the toll-free Customer Care phone number on the back of your ID card or visit **www.welcometouhc.com/shbp** or log on **myuhc.com** to determine the copayment for your generic medication.

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment. Talk to your doctor about the most appropriate medication for you.

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When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are **not covered** under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**SL**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free Customer Care phone number on the back of your ID card if you need additional information about these notations.

What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

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How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to call the toll-free Customer Care phone number on the back of your ID card or log on **myuhc.com** or visit **www.welcometouhc.com/shbp** for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history

What if I still have questions?

Please call the toll-free Customer Care phone number on the back of your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

Tier 1

Acarbose	Cilostazol
Acetaminophen with Codeine SL	Ciprofloxacin
Acetaminophen with Hydrocodone SL	Ciprofloxacin Tablet, Sustained Release, 24 Hour
Acyclovir Tablet, Capsule, Suspension	Citalopram
Alendronate SL	Clarithromycin
Allopurinol	Clarithromycin XL
Alprazolam	Clindamycin Capsule
Alprazolam Extended Release	Clindamycin Gel, Solution, Lotion, Swabs
Amitriptyline	Clindamycin Vaginal Cream
Amlodipine Besylate	Clobetasol
Amlodipine and Benazepril	Clonazepam
Amoxicillin	Clonidine
Amoxicillin with Potassium Clavulanate	Clotrimazole with Betamethasone
Amphetamine with Dextroamphetamine Salt Combination SL	Colestipol
Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained Release 24 Hour SL	Cromolyn SL
Ampicillin	Cyclobenzaprine
Asmanex SL	Desmopressin
Atenolol	Diazepam
Atenolol with Chlorthalidone	Diclofenac
Azithromycin	Diclofenac Sodium Drops
Balsalazide Disodium	Dicyclomine
Bisoprolol with Hydrochlorothiazide	Digoxin
Bupropion N	Diltiazem
Bupropion Sustained Action N	Divalproex Sodium
Bupropion Sustained Release 24 Hour N	Divalproex Sodium Capsule, Sprinkle
Buspirone	Divalproex Sodium Tablet, Sustained Release
Butalbital with Acetaminophen & Caffeine SL	Dorzolamide HCl 2% Drops
Butorphanol Nasal Spray SL	Dorzolamide HCl/Timoptic Maleate
Cabergoline	Doxazosin
Calcium Acetate 667 mg	Doxepin
Captopril	Doxycycline
Carbamazepine	Enalapril
Carbamazepine Tablet, Sustained Release 12 Hour	Enalapril with Hydrochlorothiazide
Carisoprodol	Eplerenone
Carvedilol	Erythromycin
Cefaclor	Estradiol Patch SL
Cefadroxil	Estradiol/Norethindrone Acetate 1 mg/0.5 mg
Cefdinir	Estropipate
Cefprozil	Ethinyl Estradiol/Drospirenone 0.3 mg/3 mg
Cefuroxime	Etidronate Disodium
Cephalexin	Etodolac
Chlorhexidine	Famciclovir
Ciclopirox Solution, Topical	Felodipine
	Fenofibrate

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N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

SL = Supply Limit.

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Tier 1 *continued*

Fenofibrate Micronized 54, 67, 134, 160, 200 mg	Levonorgestrel-Ethinyl Estradiol Tablet, Dosepack, 3 Month SL
Fentanyl Citrate Lollipop SL, N	Levothyroxine
Fentanyl Transdermal System SL	Levoxyl
Fexofenadine	Lisinopril
Finasteride N	Lisinopril with Hydrochlorothiazide
Fluconazole 50, 100, 200 mg	Lithium Carbonate
Fluconazole 150 mg	Lorazepam
Fluocinonide	Lovastatin
Flunisolide Nasal Spray SL	Maxalt SL
Fluoxetine Tablet/Capsule	Maxalt MLT SL
Flurazepam	Medroxyprogesterone 150 mg/ml SL
Fluticasone Nasal Spray SL	Medroxyprogesterone Tablet
Folic Acid	Mefenamic Acid
Foradil SL	Meloxicam
Fortical	Mesalamine Enema
Fosinopril	Metformin
Fosinopril with Hydrochlorothiazide	Metformin Extended Release
Prova SL	Methocarbamol
Furosemide	Methotrexate
Gabapentin Capsule, Tablet	Methylphenidate SL
Gemfibrozil	Methylphenidate Extended Release SL
Gentamicin	Methylprednisolone
Glimepiride	Metoclopramide
Glipizide	Metoprolol
Glipizide Extended Release	Metoprolol Succinate Sustained Release
Glipizide with Metformin	Metronidazole
Glyburide	Metronidazole Cream
Glyburide with Metformin	Metronidazole Vaginal Gel
Glycopyrrolate	Minocycline
Granisetron Tablet SL	Mirtazapine
Hydrochlorothiazide	Mirtazapine Dispersible Tablet
Hydroxychloroquine	Moexipril
Hydroxyzine	Nabumetone
Ibuprofen - Prescription strengths only	Nadolol
Ibuprofen with Hydrocodone	Naproxen - Prescription strengths only
Imipramine	Nateglinide
Indapamide	Neomycin/Polymyxin/Hydrocortisone
Indomethacin	Nifedipine
Isosorbide	Nifedipine Controlled Release Tablet
Isotretinoin	Nifedipine Extended Release
Isradipine	Nisoldipine 20, 30, 40 mg Tablets Sustained Release
Ketoconazole	Nortriptyline
Lamotrigine Tablet	Novolin Vials
Leflunomide	Novolog Vials
Leuprolide	Nystatin
Levetiracetam	Nystatin with Triamcinolone

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Tier 1 *continued*

Ofloxacin Eye Drops	Sumatriptan Succinate Injection SL
Ofloxacin Otic Drops	Sumatriptan Succinate Nasal Spray SL
Omeprazole	Sumatriptan Succinate Tablet SL
Ondansetron SL	Tamoxifen
Orapred Oral Solution	Temazepam
Orphenadrine	Terazosin
Orphenadrine Compound	Terbinafine Tablet
Oxandrolone	Terconazole Cream
Oxcarbazepine	Terconazole Suppository
Oxybutynin	Tetracycline
Oxybutynin Sustained Release	Theophylline
Oxycodone with Acetaminophen SL	Tobramycin/Dexamethasone Eye Drops
Oxycodone with Ibuprofen	Tolmetin
Pantoprazole	Topiramate
Paroxetine	Tramadol
Paroxetine HCl Sustained Release 24 Hour	Tramadol with Acetaminophen
Penicillin V Potassium	Trandolapril
Phenytoin	Trazodone
Piroxicam	Triamcinolone
Polymyxin B with Trimethoprim	Triamterene with Hydrochlorothiazide
Potassium Chloride	Trimipramine Maleate
Potassium Citrate	Triazolam
Pravastatin	Ursodiol
Prazosin	Venlafaxine
Prednisone	Ventolin HFA SL
Primidone	Verapamil
Promethazine	Warfarin
Promethazine with Codeine	Zaleplon SL
Propoxyphene with Acetaminophen SL	Zolpidem SL
Propranolol Sustained Action Capsule	Zomig SL
Propranolol Tablet	Zomig ZMT SL
Protriptyline	Zonisamide
Pulmicort Flexhaler SL	
Pulmicort Turbuhaler SL	
Quinapril	
Quinapril with Hydrochlorothiazide	
QVAR SL	
Ramipril Capsule	
Ranitidine Syrup	
Relpax SL	
Risperidone	
Ropinirole	
Sertraline	
Simvastatin	
Spironolactone	
Sulfamethoxazole with Trimethoprim	
Sulindac	

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Tier 2

Aceon	Fenoglide
Aciphex	Geodon
Activella 0.5 mg/1 mg	Humira SL, N
Actonel SL	Hyzaar
Actonel with Calcium SL	Janumet
Actoplus Met	Januvia
Actos	Lamictal Sprinkle
Advicor	Lanoxin
Alphagan P	Lantus Vials
Altace	Levaquin
Altoprev	Levemir Vials
Antara	Lialda
Apriso	Lidoderm SL
Astelin SL	Lipitor
Avandamet	Lipofen
Avandaryl	Lumigan
Avandia	Micardis
Axid Oral Solution	Micardis HCT
Azor	Nasonex SL
Benicar	Niaspan
Benicar HCT	Nutropin/AQ SL, N
Betimol	Oxycontin SL
Boniva SL	Oxytrol
Byetta SL	Pegasys SL, N
Bystolic	Plavix
Cardizem LA	Prefest
Cenestin	Prometrium
Cimzia SL, N	Protonix
Climara	Protopic N
Clindesse	Pulmicort Respules SL
Coumadin	Ranexa
Cozaar	Rebif SL
Crestor	Relistor
Dilantin	Saizen SL, N
Divigel	Sanctura XR
Duetact	Seroquel
Effexor XR	Simcor
Emend SL	Simponi SL, N
Enablex	Singulair
Enbrel SL, N	Spiriva SL
Enjuvia	Sular 8.5, 17, 25.5, 34 mg
Esclim	Symbyax
Estraderm SL	Synthroid
Estratest	Tegretol
Estratest H.S.	Tev-Tropin SL, N
Estring SL	Tilade SL
Evamist	Travatan
Evista	Travatan Z

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Tier 2 *continued*

Tricor Tablet 48, 145 mg
Triglide
Trileptal
Twinject **SL**
Vagifem
Valtrex
Vesicare
Vivelle
Vivelle Dot
Voltaren Gel
Vytarin
Vyvanse **SL**
Yaz
Zegerid
Zomig Nasal Spray **SL**
Zyprexa (Zydis = Tier 3)

Tier 2

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Tier 3

Abilify	Exforge HCT
Accolate	Factive
Advair Diskus SL	FemHRT
Advair HFA SL	Fentora SL, N
Aleese	Flomax
Allegra ODT	Flovent HFA SL
Allegra Suspension	Focalin SL
Allegra-D	Focalin XR SL
Ambien CR SL	Fosamax Plus D SL
Amerge SL	Genotropin SL, N
Anzemet SL	Glumetza
Armour Thyroid	Humalog
Asacol	Humatrope SL, N
Atacand	Humulin
Augmentin XR	Invega
Avapro	Keppra XR
Avelox	Lantus SoloStar
Axert SL	Lescol
Azmacort SL	Levemir Pen
Beconase AQ SL	Levitra SL
Betaseron SL, N	Levothroid
Betopic S	Lexapro
Caduet	Lo-Ovral
Celebrex	Loestrin
Cesamet SL	Loestrin FE
Cialis SL	Lotensin
Clarinex	Lovaza
Clarinex-D	Lunesta SL
Climara Pro	Lybrel
Combipatch	Lyrca
Combivent SL	Metadate CD SL
Concerta SL	Metrogel
Coreg CR	Mircette
Cosopt	Modicon
Cyclessa	Nasacort AQ SL
Cymbalta	Nascobal
Daytrana SL	Nexium Capsule
Desogen	Nexium Suspension
Detrol LA	Nordette
Differin SL, N	Norditropin SL, N
Diovan	Omnitrope SL, N
Diovan HCT	Orapred ODT
Duac, Duac-CS	Ortho Evra
Elidel N	Ortho Tri-Cyclen
Epipen SL	Ortho Tri-Cyclen Lo
Epipen Jr. SL	Ortho-Cept
Eurostep FE	Ortho-Cyclen
Exforge	Ortho-Novum

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Tier 3 *continued*

Oscion
 Patanol
 Peg-Intron **SL, N**
 Pexeva
 Premarin
 Premphase
 Prempro
 Prevacid Capsule
 Prevacid Solutab
 Pristiq
 ProAir HFA
 Proventil HFA **SL**
 Relion
 Requip XL
 Restoril 7.5, 22.5 mg
 Rhinocort AQ
 Risperdal M-Tab
 Ritalin LA **SL**
 Rozerem **SL**
 Sanctura
 Sancuso
 Seasonique
 Serevent Diskus **SL**
 Seroquel XR
 Skelaxin
 Solodyn
 Soma 250 mg
 Stavzor
 Stratterra **SL**
 Symlin **SL**
 Tekturna
 Tequin
 Teveten
 Tobradex
 Treximet **SL**
 Triaz
 Trilipix
 Triphasil
 Uroxatral
 Vantin
 Venlafaxine Extended Release
 Veramyst
 Viagra **SL**
 Xalatan
 Xopenex HFA **SL**
 Xopenex Solution **SL**
 Xyzal
 Zetia

Zmax
 Zylet

NOTE:

- **Compounded prescriptions are Tier Three**
- **Insulin pens & cartridges are Tier Three except for Novolin and Novolog pens and cartridges which are Tier Two.**

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Additional Tier Three drugs with a generic equivalent in Tier One

Accupril (Quinapril)	Depakote (Divalproex Sodium)
Actiq SL, N (Fentanyl Citrate Lollipop SL, N)	Depakote ER (Divalproex Sodium Tablet, Sustained Release)
Activella 1 mg/0.5 mg (Estradiol/Norethindrone Acetate 1 mg/0.5 mg)	Depakote Sprinkle (Divalproex Sodium Capsule, Sprinkle)
Adderall SL (Amphetamine with Dextroamphetamine Salt Combination SL)	Depo-Provera SL (Medroxyprogesterone Acetate 150 mg/ml SL)
Adderall XR SL (Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained Release 24 Hour SL)	DiaBeta, Micronase, Glynase (Glyburide)
Aldactone (Spironolactone)	Didronel (Etidronate Disodium)
Allegra (Fexofenadine)	Diffucan 50, 100, 200 mg Tablet (Fluconazol)
Amaryl (Glimepiride)	Diffucan 150 mg (Fluconazole)
Ambien SL (Zolpidem SL)	Ditropan XL (Oxybutynin Sustained Release)
Anaprox (Naproxen)	DuoNeb (Albuterol Sulfate/Ipratropium Solution, Non-Oral)
Ativan (Lorazepam)	Duragesic SL (Fentanyl Transdermal System SL)
Augmentin (Amoxicillin TR/Potassium Clavulanate)	Duricef (Cefadroxil)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Dyazide (Triamterene with Hydrochlorothiazide)
Biaxin (Clarithromycin)	Dynacirc (Isradipine)
Biaxin XL (Clarithromycin XL)	Effexor (Venlafaxine)
Buspar (Buspirone)	Eskalith CR (Lithium Carbonate Controlled Release)
Calan, Calan SR (Verapamil)	Famvir (Famciclovir)
Capoten (Captopril)	Fioricet SL (Butalbital with Acetaminophen and Caffeine SL)
Cardizem CD except for 360 mg strength (Diltiazem Sustained Release 24 Hour Capsule)	Flonase SL (Fluticasone Nasal Spray SL)
Cardura (Doxazosin)	Floxin Otic (Ofloxacin Otic Drops)
Catapres-TSS (Clonidine HCl Patch)	Fosamax SL (Alendronate SL)
Ceftin (Cefuroxime)	Glucophage, XR (Metformin)
Cefzil (Cefprozil)	Glucotrol, XL (Glipizide)
Celexa (Citalopram)	Glucovance (Glyburide with Metformin)
Cellcept (Mycophenolate Mofetil)	Hytrin (Terazosin)
Ciloxan Eye Drops (Ciprofloxacin)	Imitrex Injection SL (Sumatriptan Succinate Injection SL)
Cipro (Ciprofloxacin)	Imitrex Nasal Spray SL (Sumatriptan Nasal Spray SL)
Cipro XR (Ciprofloxacin Tablet, Sustained Release, 24 Hour)	Imitrex Tablet SL (Sumatriptan Succinate Tablet SL)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Inderal (Propranolol)
Colazal (Balsalazide Disodium)	Inderal LA (Propranolol Sustained Action Capsule)
Colestid (Colestipol)	Inspra (Eplerenone)
Coreg (Carvedilol)	Keflex (Cephalexin)
Darvocet-N SL (Propoxyphene with Acetaminophen SL)	Keppra (Levetiracetam)
DDAVP (Desmopressin)	Klonopin (Clonazepam)

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Additional Tier Three drugs with a generic equivalent in Tier One

Kytril Tablet SL (Granisetron Tablet SL)	Remeron SolTab (Mirtazapine Dispersible Tablet)
Lamictal (Lamotrigine)	Requip (Ropinirole)
Lamisil Tablet (Terbinafine Tablet)	Restoril 15, 30 mg (Temazepam)
Lasix (Furosemide)	Risperdal (Risperidone)
Lofibra Tablet 56, 67, 134, 160, 200 mg (Fenofibrate Micronized)	Ritalin (Methylphenidate)
Lopid (Gemfibrozil)	Ritalin SR (Methylphenidate Extended Release)
Lopressor (Metoprolol)	Sonata SL (Zaleplon SL)
Lotrel (Amlodipine and Benazepril)	Starlix (Nateglinide)
Mavik (Trandolapril)	Sular 20, 30, 40 mg Tablets (Nisoldipine)
Medrol Dosepak (Methylprednisolone)	Surmontil (Trimipramine Maleate)
Metaglip (Glipizide with Metformin)	Tegretol XR (Carbamazepine Tablet, Sustained Release 12 Hour)
Mevacor (Lovastatin)	Tenormin (Atenolol)
Mobic (Meloxicam)	Tenoretic (Atenolol with Chlorthalidone)
Monopril (Fosinopril)	Terazol (Terconazole)
Monopril HCT (Fosinopril with Hydrochlorothiazide)	Tiazac (Diltiazem)
Motrin (Ibuprofen) - Prescription strengths only	Tobradex (Tobramycin/Dexamethasone Eye Drops)
Naprosyn (Naproxen) - Prescription strengths only	Topamax (Topiramate)
Nasalide SL , Nasarel SL (Flunisolide Nasal Spray SL)	Toprol XL (Metoprolol Succinate Sustained Release)
Neurontin Capsule, Tablet (Gabapentin)	Trileptal (Oxcarbazepine)
Norvasc (Amlodipine)	Trusopt (Dorzolamide HCl 2% Drops)
Ocuflox Eye Drops (Ofloxacin)	Tylenol #3 SL (Acetaminophen with Codeine SL)
Omnicef (Cefdinir)	Ultracet (Tramadol with Acetaminophen)
Paxil (Paroxetine)	Ultram (Tramadol)
Paxil CR (Paroxetine HCl Sustained Release 24 Hour)	Univasc (Moexipril)
Percocet 5-325, 7.5-500, 10-650 SL (Oxycodone with Acetaminophen SL)	Urso, Urso Forte (Ursodiol)
Plendil (Felodipine)	Valium (Diazepam)
Pletal (Cilostazol)	Vaseretic (Enalapril with Hydrochlorothiazide)
Ponstel (Mefenamic Acid)	Vasotec (Enalapril)
Pravachol (Pravastatin)	Verelan PM (Verapamil Sustained Release)
Precose (Acarbose)	Vicodin SL , Vicodin ES SL (Acetaminophen with Hydrocodone SL)
Prinivil, Zestril (Lisinopril)	Vicoprofen (Ibuprofen with Hydrocodone)
Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)	Voltaren Eye Drops (Diclofenac Sodium Drops)
Procardia XL (Nifedipine Extended Release)	Voltaren Tablet (Diclofenac)
Proscar N (Finasteride N)	Wellbutrin N (Bupropion N)
Provera (Medroxyprogesterone)	Wellbutrin SR N (Bupropion Sustained Action N)
Prozac (Fluoxetine)	Wellbutrin XL N (Bupropion Sustained Release 24 Hour N)
Relafen (Nabumetone)	Xanax, Xanax XR (Alprazolam)
Remeron (Mirtazapine)	

Some medications are noted with N or SL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

SL = Supply Limit.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

Additional Tier Three drugs with a generic equivalent in Tier One

Xopenex Solution 1.25 mg/ml **SL**
(Levalbuterol HCl **SL**)
Yasmin (Ethinyl Estradiol/Drosperinone
0.3 mg/3 mg)
Zantac Syrup (Ranitidine Syrup)
Ziac (Bisoprolol with Hydrochlorothiazide)
Zithromax (Azithromycin)
Zocor (Simvastatin)
Zofran **SL** (Ondansetron **SL**)
Zoloft (Sertraline)
Zonegran (Zonisamide)
Zovirax Capsule, Tablet, Suspension
(Acyclovir)

Tier 3

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